

**State of Maine**  
**FISCAL YEAR 2004 STATE HOMELAND SECURITY GRANT PROGRAM/LETPP**  
**SUPPLEMENTAL APPLICATION FOR FUNDING OF**  
**TRAINING**

For each training program that is being requested, please specify:

1. Program name:
2. Training Provider:
3. Projected Date(s):
4. Program Duration:                      hours.
5. Location:
6. Number of Students:
7. Program Audience (who will be attending the course, check all that apply):
<input type="checkbox"/> Law Enforcement <input type="checkbox"/> Support Personnel
<input type="checkbox"/> Others (please list by occupation)
8. Cost:                                      per student.
9. Total projected cost:
10. Will overtime be reimbursed for course attendance?
<input type="checkbox"/> Yes _____ <input type="checkbox"/> No <i>If yes, please attach and submit overtime break down.</i>

If a private contractor will conduct this training program, please attach the contractor's proposal, and information on the contractor's qualifications. If conducted in-house, please attach instructor qualifications.

**Attachments:**

- ☐ Contractor's proposal/qualifications
- ☐ In-house instructor qualifications
- ☐ Overtime breakdown